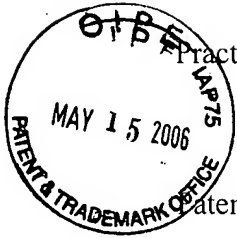


10/632,176.

PATENT



Practitioner's Docket No. 062020-1440

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Number: 7,023,065 B2

Issued: April 4, 2006

Name of Patentee: Ayazi et al.

Title of Invention: Capacitive Resonators and Methods of Fabrication

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Attention: Decision and Certificate of Correction  
Branch of the Patent Issue Division

Certificate  
MAY 17 2006  
of Correction

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT  
FOR APPLICANT'S MISTAKE (37 C.F.R. § 1.323)

1. It is noted that an error appears in this patent of a

☐ clerical

05/16/2006 CNGUYEN2 00000015 200778 7023065

☒ typographical

01 FC:1811 100.00 DA

☒ minor

nature or character, as more fully described below. It occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination. A certificate of correction is requested.

2. Attached, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

*NOTE: Form PTO-1050, using the column and line number in the printed patent, should be used exclusively regardless of the length or complexity of the subject matter. M.P.E.P. § 1485.*

*NOTE: The patent grant should be retained by the patentee. The PTO does not attach the certificate of correction to the patentee's copy of the patent. The patent grant will be returned to the patentee if submitted. M.P.E.P. § 1485.*

3. The exact page and line number where the error occurs in the application file are:

MAY 17 2006

*NOTE: This information should be identified in this request, however, on Form PTO-1050, only the column and line number in the printed patent should be used. MPEP §1485.*

**In the Specification**

*In column 10, line 2, change "602" to --650--.*

*In column 10, line 3, change "604" to --652--.*

*In column 10, line 7, add "by line 654" after "shown".*

**In the Claims**

*In claim 14, line 13, after the word "coating" remove "the".*

*In claim 16, line 44, after the word "substrate" remove ";" and change to --,--.*

*In claim 28, line 3, after the word "the" remove "semiconductor-on-substrate" and change to --semiconductor-on-insulator substrate--.*

4. Please send the Certificate to:

Name: **Scott A. Horstemeyer**

Address: **Thomas, Kayden, Horstemeyer & Risley, LLP**

**100 Galleria Parkway, N.W., Suite 1750, Atlanta, GA 30339**

5. Please pay the fee of **\$100.00**, as required by 37 CFR 1.20(a), as follows:

☐ Enclosed is a check for \$ .

☒ Charge the Deposit Account 20-0778 the sum of \$100.00. A duplicate of this request is attached.

  
**SIGNATURE OF PRACTITIONER**

**David Rodack; Reg. No. 47,034**

*(type or print name of practitioner)*

Tel. No.: (770) 933-9500

Thomas, Kayden, Horstemeyer & Risley, LLP  
100 Galleria Parkway, N.W., Suite 1750  
Atlanta, GA 30339-5948

Customer No.: 24504

*NOTE: The certificate of correction for applicant's mistake may be signed by the attorney of record, unlike that for PTO mistake where the patentee or an owner of an interest in the invention must make the request.*

**MAY 17 2006**

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**

Patent No.: 7,023,065 B2  
Dated: April 4, 2006  
Inventor(s): Ayazi, et al.

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below.

*In column 10, line 2, change "602" to --650--.*

*In column 10, line 3, change "604" to --652--.*

*In column 10, line 7, add "by line 654" after "shown".*

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MAILING ADDRESS OF SENDER:

Patent No.: 7,023,065 B2

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, L.L.P.  
100 Galleria Parkway, Suite 1750  
Atlanta, Georgia 30339

No. of additional copies



1

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.13. The collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, P.O. Box 1450, Arlington, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2.

MAY 17 2006

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**

Patent No.: 7,023,065 B2  
Dated: April 4, 2006  
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Patent No.: 7,023,065 B2

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If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2.

**MAY 17 2006**



## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**ATTN: Certificate of Corrections Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

on May 10, 2006

Marianne Boland  
Marianne Boland

Practitioner's Docket No. **062020-1440**

Patent Number: **7,023,065 B2**

Issued: **April 4, 2006**

Name of Patentee: **Ayazi et al.**

Title of Invention: **Capacitive Resonators and Methods of Fabrication**

The following is a list of documents enclosed:

Return Postcard  
Request for Certificate of Correction  
Certificate of Correction (& Original Duplicate)  
Fee Transmittal  
Charge Deposit Account No. 20-0778 in the amount of \$100.00

**MAY 17 2006**

Effective on 12/08/2004  
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$100.00)**

**Complete if Known**

Patent No.	7,023,065 B2
Issue Date:	April 4, 2006
First Named Inventor	Ayazi
Examiner Name	Kang, Donghee
Art Unit	2811
Attorney Docket No.	062020-1440

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify):

☒ Deposit Account  
 Deposit Account Number: **20-0778**  
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)  
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESSIVE CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Multiple Dependent Claims Fee Paid (\$)
-20 or HP =		0	0	0	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =		0	0

HP = highest number of total claims paid for, if great than 3

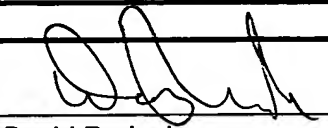
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: Request For Certificate of Correction	100.00

<b>SUBMITTED BY</b>		<small>Complete (if applicable)</small>	
Signature		Registration No. <b>47,034</b>	Telephone Number 770-933-9500
Name: (Print/Type)	<b>David Rodack</b>	Date:	<b>5-10-06</b>